Fill ir	this information to identify your case:				only as d	irected in this form and	in Form
Debt	or 1 Shelia Denise Stiff		122	2A-1Supp:			
Debt (Spou	or 2		_	1. There	is no pres	umption of abuse	
Unite	ed States Bankruptcy Court for the: Southern District of	of Mississippi	_     [	applie	s will be n	o determine if a presurnade under <i>Chapter 7</i>	•
Case (if kno	e number <b>25-00984</b>		_     ,		`	icial Form 122A-2).	
(II KIIO	wi)					does not apply now be received apply service but it could apply	
				☐ Check i	f this is a	n amended filing	
	<u>icial Form 122A - 1</u>						
Ch	apter 7 Statement of Your Cui	rent Mont	thly Inc	ome			12/19
attach case r qualif		which the additional m a presumption of otion from Presump	information a abuse because	ipplies. On the se you do no	ne top of a ot have prin	ny additional pages, writh marily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one or —	ıly.					
	Not married. Fill out Column A, lines 2-11.						
	☐ Married and your spouse is filing with you. Fill or			2-11.			
	☐ Married and your spouse is NOT filing with you.	-					
	☐ Living in the same household and are not lega				•		
	Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading	egally separated u	ınder nonban	kruptcy law	that appli	es or that you and you	
10 the	I in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total buses own the same rental property, put the income from that property.	onth period would be by 6. Fill in the resul	e March 1 throu lt. Do not includ	ugh August 31 de any income	I. If the amo	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commission	s (before all	\$5,	689.23	\$	
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.  \$ 0.00 \$				\$		
	All amounts from any source which are regularly pa of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regular co d, your dependents	ontributions s, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession,						
		Debto	or 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00		Φ	0.00	Φ	
	Net monthly income from a business, profession, or far	m \$C	opy here ->	Φ	0.00	\$	
6.	Net income from rental and other real property	Debto	or 1				
	Gross receipts (before all deductions)	\$ 0.00	•				
	Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from rental or other real property	\$ 0.00 C	copy here ->	\$	0.00	\$	
	Interset dividends and revalties	·		\$	0.00	\$	

Official Form 122A-1

\$

7. Interest, dividends, and royalties

Case number (if known) 25-00984

								Column A Debtor 1	1	Colum Debto		
8.	Unem	ploy	ment compens	sation				\$	0.00	\$	0 1	
				you contend that stead, list it here:	the amount	received was a be	nefit unde	r				
	For	you_			\$		0.00					
	For	your	spouse		\$							
9.	benefit not ind United disabil pay pa does n	it und clude d Stat lity, o aid ur not ex	ler the Social Se any compensa- tes Government or death of a me ander chapter 61 acced the amou	ecurity Act. Also, e tion, pension, pay in connection wit mber of the unifor of title 10, then in	except as standing, annuity, or the a disability med service aclude that poon which you	ount received that ated in the next set allowance paid by y, combat-related ites. If you received any only to the extermination would otherwise and that title	ntence, do the njury or any retired nt that it		0.00	\$		
10.					•	ecify the source and	d amount.					
	Do not receive domes United disabil	t inclured as stic te d Stat lity, o	ude any benefits a victim of a we rrorism; or come tes Government or death of a me	s received under the crime appensation pension in connection with	the Social S against hum on, pay, ann th a disability rmed service	ecurity Act; payme nanity, or internatio uity, or allowance y, combat-related i es. If necessary, lis	nts nal or paid by the njury or					
		•						\$	0.00	\$		
		_						\$	0.00	\$		
		To	otal amounts fro	m separate pages	s, if any.		+	· \$	0.00	\$		
11.				ent monthly inco e total for Column		es 2 through 10 for al for Column B.	\$	5,689.23	<b>+</b> \$_		= \$ Total	5,689.23
<b>Part</b>				er the Means Tes		You Follow these steps	S:				incon	
	12a. C	Сору	your total curre	nt monthly income	e from line 1	1		Col	py line 11 l	nere=>	\$	5,689.23
	N	Лultiр	ly by 12 (the nu	mber of months ir	n a year)						X	12
	12b. T	Γhe re	esult is your ann	nual income for thi	is part of the	form					12b. \$	68,270.76
13.	Calcu	ılate t	the median fan	nily income that a	applies to y	ou. Follow these s	steps:					
	Fill in t	the st	tate in which yo	u live.		MS						
					[		_ _					
	Fill in t	the n	umber of people	e in your househo	old.	3						
	To find	d a lis	st of applicable i		mounts, go	of household.  conline using the lin ruptcy clerk's office	k specified	I in the sepa		tions	13. \$	78,140.00
14.	How d	do th	e lines compai	re?								
	14a.			ss than or equal to Do NOT fill out or		n the top of page 1 Form 122A-2.	check bo	x 1, <i>There i</i> s	no presum	nption of	abuse.	
	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A–2.											
Part	3:	Sigr	n Below									
	В	By sig	ning here, I dec	clare under penalty	y of perjury	that the information	n on this st	tatement and	d in any atta	achment	s is true and o	correct.
	Х	/s/	Shelia Denis	e Stiff								
			<b>elia Denise S</b> nature of Debto									

**Shelia Denise Stiff** 

Debtor 1

## 25-00984-JAW Dkt 10 Filed 04/22/25 Entered 04/22/25 08:52:39 Page 3 of 4

Debtor 1	Shelia Denise Stiff	Case number (if known)	25-00984		
	MM / DD / YYYY				
	If you checked line 14a, do NOT fill out or file Form 122A-2.				
	If you checked line 14b, fill out Form 122A-2 and file it with this form.				

Debtor 1 Shelia Denise Stiff Case number (if known) 25-00984

## **Current Monthly Income Details for the Debtor**

## **Debtor Income Details:**

Income for the Period 10/01/2024 to 03/31/2025.

## Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employment** 

Income by Month:

6 Months Ago:	10/2024	\$4,787.42
5 Months Ago:	11/2024	\$4,877.98
4 Months Ago:	12/2024	\$5,648.36
3 Months Ago:	01/2025	\$5,965.71
2 Months Ago:	02/2025	\$6,310.13
Last Month:	03/2025	\$6,545.79
	Average per month:	\$5,689.23